

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME <b>Division of Medicaid</b>		CONTACT PERSON <b>Emily Thompson</b>	TELEPHONE NUMBER <b>601-359-4122</b>	
ADDRESS <b>550 High Street, Suite 1000</b>		CITY <b>Jackson</b>	STATE <b>MS</b>	ZIP <b>39201</b>
EMAIL <b>Emily.thompson@medicaid.ms.gov</b>	SUBMIT DATE <b>12/16/2010</b>	Name or number of rule(s): <b>AP 2010-33</b>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121 (1972) as amended

List all rules repealed, amended, or suspended by the proposed rule: Ambulance/Definitions/Section 8.02

**ORAL PROCEEDING:**

☐ ☒ An oral proceeding is scheduled for this rule on Date: Thursday, January 6, 2011 Time: 9:00 a.m.

Place: War Memorial Auditorium, 120 North State Street, Jackson, MS 39201

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

**TEMPORARY RULES**

- ☐ Original filing  
☐ Renewal of effectiveness  
☐ To be in effect in \_\_\_\_ days  
 Effective date:  
☐ Immediately upon filing  
☐ Other (specify): \_\_\_\_

**PROPOSED ACTION ON RULES****Action proposed:**

- ☐ New rule(s)  
☒ Amendment to existing rule(s)  
☐ Repeal of existing rule(s)  
☐ Adoption by reference  
**Proposed final effective date:**  
☐ 30 days after filing  
☒ Other (specify): January 06, 2011

**FINAL ACTION ON RULES**

Date Proposed Rule Filed: \_\_\_\_

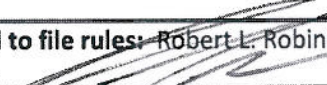
**Action taken:**

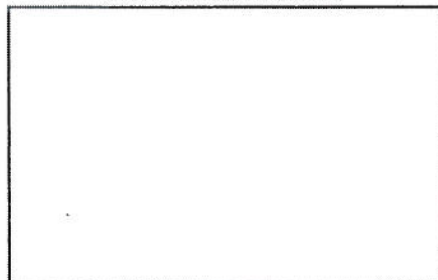
- ☐ Adopted with no changes in text  
☐ Adopted with changes  
☐ Adopted by reference  
☐ Withdrawn  
☐ Repeal adopted as proposed

**Effective date:**

- ☐ 30 days after filing  
☐ Other (specify): \_\_\_\_

**Printed name and Title of person authorized to file rules:** Robert L. Robinson, Executive Director

**Signature of person authorized to file rules:** 

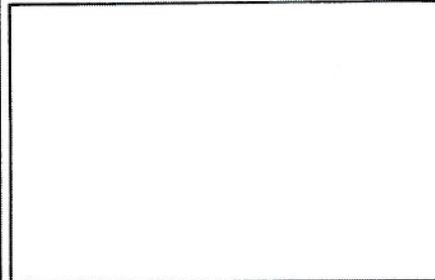
**OFFICIAL FILING STAMP**

Accepted for filing by

**DO NOT WRITE BELOW THIS LINE**  
**OFFICIAL FILING STAMP**



Accepted for filing by CB17491

**OFFICIAL FILING STAMP**

Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID  
DR. ROBERT L. ROBINSON  
EXECUTIVE DIRECTOR

## MEMORANDUM

**To:** Secretary of State Regulation and Enforcement  
**From:** Emily Thompson  
**Date:** December 16, 2010  
**Re:** Notice of Oral Proceeding

**Message:**

The Division of Medicaid will be holding an oral proceeding in response to requests received regarding the filing of AP 2010-33. Anyone who would like an opportunity to address the panel must notify the Division of Medicaid in advance. Please see the oral proceeding details below.

**When:** Thursday, January 6, 2011  
**Time:** 9:00 a.m.  
**Where:** Mississippi War Memorial  
120 South State Street  
Jackson, MS 39201

If you need anything else, please call me at 601-359-4122.

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME <b>Division of Medicaid</b>		CONTACT PERSON <b>Emily Thompson</b>		TELEPHONE NUMBER <b>601-359-4122</b>	
ADDRESS <b>550 High Street, Suite 1000</b>		CITY <b>Jackson</b>		STATE <b>MS</b>	ZIP <b>39201</b>
EMAIL <b>Emily.thompson@medicaid.ms.gov</b>	SUBMIT DATE <b>10-29-10</b>	Name or number of rule(s): <b>AP 2010-33</b>			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121 (1972) as amended

List all rules repealed, amended, or suspended by the proposed rule: Ambulance/Definitions/Section 8.02

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness <input type="checkbox"/> To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>January 1, 2011</u>	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

**Printed name and Title of person authorized to file rules:** Robert L. Robinson, Executive Director

**Signature of person authorized to file rules:** \_\_\_\_\_

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.